THE MEDICAL AND SURGICAL KNOWLEDGE OF WILLIAM SHAKSPERE. WITH EXPLANATORY NOTES. By JOHN W. WAINWRIGHT, M.D. New York: Published by the author, 1908.

DR. WAINWRIGHT has collected a very interesting series of 135 or more quotations from Shakspere that show his wide range of matters medical, if they do not suggest that the Bard of Avon actually studied medicine. The quotations embrace references to anatomy, physiology, medicine, surgery, obstetrics, neurology, psychiatry, therapeutics, dietetics, hygiene, ethics, jurisprudence, toxicology, and pharmacy. With some of the quotations we are tolerably familiar; others have long since passed without our ken; others are new. All have been drawn from unexpurgated early editions, and have been materially enhanced in value and interest by explanatory comments by Dr. Wainwright. There is a photogravure of the only authentic portrait of Shakspere painted during his lifetime. Assuredly Dr. Wainwright's labor of love has been worthily accomplished; the book should prove a welcome addition to any library.

A. K.

ÉTUDE SUR LES CONTUSIONS, DECHIRURES, ET RUPTURES DU REIN (STUDY OF CONTUSIONS, LACERATIONS, AND RUPTURES OF THE KIDNEY). By DR. GEORGES LARDENNOIS, Prosecteur à la Faculté de Médecine de Paris. Pp. 230; 22 illustrations. Paris: G. Steinheil, 1908.

THE author's object in preparing a statistical study of nearly 800 renal injuries, 4 of which cases came under his own observation, was to determine the indications for operative interference. Until about 1900, surgeons in general were very conservative in their views of the proper treatment of these injuries; operation was recommended and adopted only as a last resort. Since that time, and up to the present, there have been done, in the opinion of Lardennois a quite unnecessary number of nephrectomies for rupture. He finds, however, that early operation is attended by a lower mortality than if operation be postponed or not adopted at all. Among 666 cases in which the latter course was adopted, the mortality was 28 per cent., whereas among 102 patients treated by prompt operation, only 18 per cent. died, and as all the more serious injuries are included in the latter series, the difference is more striking than the actual figures indicate. Moreover, if from the above figures one excludes all cases in which complicating lesions rather than the injury of the kidney caused death, it is found that the death rate following expectant treatment was 25 per cent., while that after prompt operation was only 10 per cent.

He insists on the necessity of determining whether or not the kidney is ruptured at the earliest possible moment. Delay in reaching a decision may render adoption of proper treatment impossible. The main indication for operative intervention he thinks is the presence of a lumbar hematoma, especially if increasing in size; he regards this as a much more imperative indication than hematuria, which, comparatively speaking, is benign unless so profuse as to be accompanied by signs of very grave anemia. Among 59 early nephrectomies there were 14 deaths. So radical an operation is rarely necessary, and we think he quite properly urges suture and packing as preferable in almost all cases; for even though the uninjured kidney will undergo compensatory hypertrophy, and although the ruptured organ may be functionally equivalent, when cicatrized, to not more than one quarter of a normal kidney, yet it is well worth while to save even that much of a kidney for the patient.

A. P. C. A.

SUBCUTANEOUS HYDROCARBON PROTHESES.. By F. STRANGE KOLLE, M.D. Pp. 153. The Grafton Press, New York, 1908.

SUBCUTANEOUS injections of paraffin for the correction of deformities of the face and other exposed parts of the body have become such a recognized method of surgical treatment that it is well to have the indications and the limitations of this method clearly defined. This the author appears to have done in the present volume. He recognizes the dangers and deficiencies of the method when ignorantly or carelessly applied, but takes pains to show how these may be avoided. He prefers paraffin with a low melting point, from 102° to 115° F.; and he makes the injections with the paraffin cold, using a specially constructed syringe, which by the screw action of its piston forces the paraffin out in a thread-like stream. These precautions prevent embolism, burning, excessive inflammatory reaction, etc. He insists on the necessity of injecting only a small amount at a time, and in no case attempting to overcorrect the deformity. This prevents subsequent sloughing and the necessity for the removal of the mass. He uses neither general nor local anesthesia, except in a few cases the ethyl chloride spray. He does not describe, and apparently does not commend the use of paraffin prothesis for the deformities left after excisions of the jaw, etc. There are some evidences of carelessness in writing, such as the expression *"vice a tergo"* (p. 61), and the statement (p. 3) that among the advantages of the so-called Gersuny method are the difficult surgical interferences entailed, and the subsequent unsightly cicatrices. These, no doubt, will be corrected in another edition.

A. P. C. A.